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Substitute for form 1449B/PTO		<b>Complete if Known</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>		Application Number	
		Filing Date	
		First Named Inventor	Dr. Steven S. Xiao
		Art Unit	
		Examiner Name	
(Use as many sheets as necessary)			
Sheet	1	of	1
		Attorney Docket Number	

#### NON-PATENT LITERATURE DOCUMENTS

Examiner Signature \_\_\_\_\_ Date Considered \_\_\_\_\_

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1. Applicant's unique citation designation number (optional). 2. Applicant is to place a check mark here if English language Translation is attached.

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